



Health Services LOS ANGELES COUNTY

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October 16, 2015

TO: Mayor Michael D. Antonovich
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

FROM: Mitchell H. Katz, M.D. *Mitchell Katz*
Director

SUBJECT: **POTENTIAL IMPACT OF MY HEALTH LA (MHLA)
PROGRAM REQUEST FOR STATEMENT OF
QUALIFICATION (RFSQ) BIDDING PROCESS ON
CLIENTS**

On September 23, 2014, the Board of Supervisors approved a motion instructing the Director of the Department of Health Services (DHS) to monitor the impact on clients who were displaced as a result of precluding non-Federally Qualified Health Centers (FQHCs) from bidding on the Request for Proposal associated with MHLA and to report back to the Board of Supervisors within a year. The MHLA program does include non-FQHCs in Services Planning Area (SPA) 1 due to the very low number of FQHCs and/or FQHC look-alikes in this SPA. To date, it appears that we have been successful in preventing any reduction in access due to reliance on FQHC/FQHC look-alike clinics. Because there may be clients with special needs, we plan to work with the Board and the Departments of Mental Health and Public Health, to address the primary care needs of patients who are seen in mental health and/or substance abuse programs and need integrated care.

Background

On October 1, 2014, DHS formally launched the MHLA program, to provide primary health care services to low income, uninsured residents of Los Angeles County. Enrollment in MHLA is voluntary and as of September 30, 2015, or 12 months into the program, over 135,000 individuals have enrolled. This makes it the largest program for the residually uninsured in the United States and upcoming amendments to facilitate enrollment of hard to reach populations are likely to increase its size. The program is currently operating at 54 clinic agencies and 191 clinic sites.

The clinics for the program were chosen based on a RFSQ for participation in the MHLA program issued on April 4, 2014 with a second RFSQ issued on October 9, 2014. Many community clinics that applied for participation in the MHLA program were clinics that had contracts with the County to participate in the Healthy Way LA - Unmatched program which served uninsured Los Angeles County residents. To participate as a contractor of the MHLA program, all responders to the RFSQ were required to meet specific licensure, clinical and administrative criteria.

*To ensure access to high-quality,
patient-centered, cost-effective
health care to Los Angeles County
residents through direct services at
DHS facilities and through
collaboration with community and
university partners.*



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One of the requirements of the RFSQ was that the clinic be a FQHC or an FQHC look-alike. DHS added this requirement in the belief that due to their robust financial standards, community-focused board structure, access to federal grant funding, and 340B pharmaceutical pricing, these FQHC and FQHC look-alikes would leverage the clinic's existing administrative, clinical, fiscal, and programmatic infrastructures and benefit the MHLA program as a whole. During the RFSQ and subsequent contracting processes, some Healthy Way LA - Unmatched agencies expressed concern that they would not be able to participate in MHLA because they did not have this designation. In the process of selecting clinics DHS arranged to work with non-FQHC/FQHC look-alike clinics in areas where there were insufficient FQHC/FQHC look-alikes.

Overall, the RFSQ processes for the MHLA program resulted in an equal number of agencies contracted with DHS to serve this population as under the Healthy Way LA - Unmatched program. Specifically, 11 agencies either did not apply or did not meet all of the MHLA solicitation criteria, while 11 agencies that had not previously participated in the Healthy Way LA - Unmatched program applied for the MHLA program and were added to the network.

The 11 clinic agencies that did not contract with MHLA served approximately 3,300 Healthy Way LA -Unmatched patients in FY 2013-14 based on a review of claims data submitted by these agencies. DHS is unable to provide information on how many of these patients have enrolled in MHLA because the Healthy Way LA - Unmatched did not have an electronic based enrollment system or a unique identifier. As a result, DHS is unable to do a match of these patients with the MHLA database. In addition, because MHLA is a voluntary program, it is possible that these patients have not yet decided to enroll in MHLA (they may do so in the future), or they may have decided to continue receiving services at their non-FQHC clinic.

Transition Plan from HWLA Unmatched to MHLA

Prior to the launch of the MHLA program, the MHLA Program Office created bilingual materials (English and Spanish) for the patients of the 11 agencies who were in the Healthy Way LA - Unmatched program, but not contracted with MHLA. The materials informed the patients that after October 1, 2014 they could choose one of two options to receive services - either continue to receive care from their existing clinic not participating in MHLA or enroll in MHLA and receive care from a MHLA clinic. The patients were provided the MHLA Member Services number and were instructed to call this number if they wanted information on how and where to enroll or experienced any problems enrolling in MHLA. This information also included a list of MHLA participating clinics proximate to the clinic, all of whom actively agreed to be listed as a referral site for these patient. This was done so that DHS could ensure that any HWLA Unmatched patient that wished to enroll in MHLA at a nearby clinic site on that list would not encounter an access problem.

Conclusion

MHLA enrollment continues to grow, and both DHS and the Community Partners continue to do outreach to new applicants and renewing participants. Despite the loss of some non-FQHC/FQHC look-alike providers, overall geographic network adequacy has been maintained.

On August 7, 2015, the Board of Supervisors passed a motion (item number 15-3776) directing the Department to examine ways in which we can provide primary care at mental health and substance abuse treatment sites as a way to reach more eligible persons, as well as, to further integrate across the three departments. We will be submitting our response to the motion by December 11, 2015 as requested by the Board.

If you have any questions, please do not hesitate to contact me at (213) 240-8101.

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c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors